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ABSTRACT

At the seminar reported in this paper, concepts related to three types of "mediators" whose impact on the development of the child was seen as crucial were examined in the keynote address, in three short papers, and in the discussions of the seminar's three working groups. This report, which was adopted unanimously at the seminar's closing session is divided into three main sections: (1) The Parent and Community as Mediator; (2) The Professional and the Trained Parent as Mediator; and (3) The Socio-Physical Environment as Mediator. Topics discussed in section 1, on the parent and community as mediators, include the concept of marginality, examples of marginality, differences between industrialized and traditional societies, changes in women's work, marginalization in industrialized settings, implications for the concept of marginality, the concept of parent education, combating the disadvantages of marginalization, child care workers in the community, the educative role of the family, and policy aspects. In section 2, the topic of the professional and the trained parent as mediators is discussed in terms of the influence of professionals' attitudes, developing new relationships, professionals, para-professionals, parents, essential skills and knowledge, community empowerment and whether such empowerment is always possible, universal principles in training, informal networks, and evaluation and advocacy. Section 3, on the socio-physical environment as mediator, deals with access to resources, itinerant peoples and land, housing and urban change, secure and defensible space, nutritional imperatives, misleading nutritional beliefs, health imperatives, the knowledge and information environment, and the community's own initiative. (RH)

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Children at the Margin:

a Challenge for Parents, Communities and Professionals

Summary Report and Conclusions

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Third Eastern Hemisphere Seminar
with the cooperation of the
Newcastle College of Advanced Education
Newcastle, New South Wales, Australia
13-20 November 1987

THE FOUNDATION

The Bernard van Leer Foundation, which bears the name of its founder, is an international, philanthropic and professional institution based in The Hague, The Netherlands. The Foundation's income is derived from the Van Leer Group of Companies, a worldwide industrial enterprise of which the Foundation is the principal beneficiary. Created in 1949 for broad humanitarian purposes, the Foundation now concentrates on the development of low-cost, community-based initiatives in the field of early childhood care and education for socially and culturally disadvantaged children from birth to eight years of age.

The Foundation provides financial support and professional guidance to governmental, academic and voluntary bodies operating projects to enable disadvantaged children to benefit fully from educational and social development opportunities. The Foundation currently supports over 150 projects in some 40 countries.

THE PROGRAMME

All Foundation-supported projects are locally planned and managed in order to meet the needs of specific communities. Several common features, however, can be identified. Emphasis on the training of parents and community members as para-professional workers is one such feature. Considerable experience in training methodologies and the preparation of curricula and materials for para-professional training has been developed by Foundation-supported projects. A focus on the potential of parents and the community to play a more active role in early childhood care and education has also led many professionals to realise the need to re-examine their own roles and training needs in the delivery of educational and other services to the disadvantaged.

The dissemination, adaptation and replication of successful project outcomes are crucial to the Foundation's work. The aim is that the positive results of Foundation-supported projects will be absorbed and adopted by local or national bodies responsible for educational and other services affecting young children. Projects are therefore carefully evaluated so that their outcomes will be fully understood and shared with policy makers.

SCOPE OF OPERATIONS AND GEOGRAPHICAL SPAN

In accordance with its statutes, the Foundation gives preference to project support in countries in which the Van Leer Group of Companies is established. These are:

Argentina, Australia, Belgium, Brazil, Colombia, El Salvador, France, Federal Republic of Germany, Ireland, Israel, Italy, Jamaica, Japan, Kenya, Malaysia, Mexico, Morocco,

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CONTENTS

		page
	Background	1
	Summary Report and Conclusions	
I.	The parent and community as mediator	7
II.	The professional and the trained parent as mediators	23
III.	The socio-physical environment as mediator	33
	Participants and Observers	46

The Bernard van Leer Foundation has, from the earliest stages of its work, encouraged the building of links between educators in many countries. Opportunities for interchange are important if the wider goals of influencing international thinking and good practice in early childhood care and education are ever to be realised. By sharing information freely with interested policy makers and practitioners and by bringing together members of Foundation-supported projects at regular intervals, the Foundation seeks to remove some of the artificial barriers to the exchange of ideas and experience. The International Seminar programme is integral to this process. There is, above all, concern that what is learned about good practice should be applied directly to benefit children, rather than merely be added to the stock of academic knowledge.

Drawing on much important work in earlier years, the Foundation has, in the present decade, expressed its priorities in terms of three broad themes which highlight key issues in current social policy in most countries: 'Children of Migrants and Minorities'; 'Children in Exceptional Family Circumstances'; and 'Children in Crisis'.

The first of these topics was explored at a seminar in Granada, Spain in 1984, under the title 'Multicultural Societies: Early Childhood Education and Care'. In 1986 in Lima, Peru the second theme was examined as 'The Parent as Prime Educator: Changing Patterns of Parenthood'. The third theme formed the basis of a seminar on 'Children at the Margin: a Challenge for Parents, Communities and Professionals', held in Newcastle, New South Wales, Australia from 13-20 November 1987, with the cooperation of the Newcastle College of Advanced Education.

The seminar brought together 30 project leaders and representatives of associated institutions from 18 countries. Those involved were selected on the basis of their experience in working with children, families and communities at the

margin, in particular using non-formal, family and community based approaches to the problem of marginality. The United Nations Educational, Scientific and Cultural Organisation (UNESCO) sent an observer, and 16 national observers also attended, representing a range of institutions concerned with early childhood. A complete list of participants, including observers, is provided in the appendix to this report.

The choice of Australia as the setting for the seminar was significant in two ways. First, the Foundation has supported projects dealing with the situation of Aboriginal families and children since the early nineteen-seventies.

Second, the Newcastle College of Advanced Education has developed a Foundation-supported programme for children and families in 33 caravan parks in the Hunter Valley region of New South Wales. Seminar participants were able to visit several of the caravan parks and consider the practical application of some of the issues raised during the discussions in the seminar.

There are also two other Foundation-supported projects in Australia working with children and families living in isolated situations: one in Western Australia, where the University of Western Australia has developed an experimental system to provide a specialised teacher resource service to benefit children of itinerant families working in the Goldfields Region; and the other in remote rural areas of New South Wales, where the Lady Gowrie Child Centre has developed a mobile resource unit to provide early childhood education and health programmes.

The Australian projects provided a constant reminder of the seriousness of the problems facing marginalised communities. Their experience and the experiences of the participants from Asia, the Pacific, Africa, Europe and North America demonstrated the universal nature of the topics under discussion. Clear parallels could be found between, for instance, the situation of Australian Aborigines and indigenous populations in northern Europe and North and Latin America, or in the prospects facing low-income families in urban areas in Singapore, Italy and the United States. Thus, although the seminar had a strong focus on the Eastern Hemisphere, many of the points raised will ring true in other settings.

The seminar was officially opened at the invitation of the Lord Mayor of Newcastle, the Honourable John MacNaughton at Newcastle City Hall by His Excellency, the Governor General of Australia, Sir Ninian Stephen, in the presence of Lady Stephen. In his opening address, Sir Ninian said that the emphasis on self-help in projects meant that parents and others caring for children are never to be made to feel inadequate and are never to be treated as inert, passive recipients of professional advice – while children are to benefit from educational and social experiences, it must not be at the expense of their relationship with their parents. Sir Ninian emphasised the importance of accepting the cultural values of those for whom a particular programme is being developed and noted that this has particular relevance to these Aboriginal children who find themselves seriously disadvantaged in Australia.

The Foundation's Executive Director, Dr. W.H. Welling, welcomed the participation of the distinguished guests, noting that their presence could be seen as a mark of official interest in and recognition for the subject of the seminar. Dr. Welling also traced the history of the Foundation's involvement in Australia. The opening ceremonies were concluded by Mrs. M. Bowman, Chairperson, College Council, Newcastle College of Advanced Education.

Dr. D. Huxley, Principal of the Newcastle College of Advanced Education, opened the first working session of the seminar, with a welcome to the College. Mentioning the concern of the Foundation about people, Dr. Huxley said it was both a privilege and a pleasure to be involved with a Foundation which was 'concerned about those members of the human race who deserve some help and who can assure us all of a better future by achieving their potential'. He expressed the hope that the seminar would help the participants to grow in their capacity to help others help themselves.

The keynote address was delivered by Professor Hugh Philp, the Foundation's Consultant for Australasia, who outlined the enormous challenge facing practitioners in early childhood care and education in attempting to maximise the opportunities for children at the margin to attain their full physical, intellectual, social and emotional potential. Three groups of people whose impact on the development of the child was seen as crucial were identified: the child's

immediate social community, including her or his family; professionals; and health and nutrition workers of all kinds. A policy problem of considerable magnitude – whether an absolutist or relativist approach to marginality should be adopted – was also raised. The question facing early childhood care and education practitioners was whether activities should be focused exclusively on children who are marginalised and disadvantaged by any standard, or whether attention should also be devoted to children whose potential is gravely limited within their own society.

These concepts were further examined through a series of short papers covering each of the three basic sub-themes. The first, 'The parent and community as mediators', was addressed by Mr. L. Mwaura, National Centre for Early Childhood Education, Kenya and Dr. S. Mantovani, Tempo per le Famiglie, Italy. The second theme, 'The professional and the trained parent as mediators', was explored by Dr. Khoo Kim Choo, National Trades Union Congress, Singapore and Ms. M. Lassen, Committee for Boston Public Housing Inc., USA. The third theme, 'The socio-physical environment as mediator', was examined by Mrs. M. Valadian, Aboriginal Training and Cultural Institute, Australia and Dr. W. Barker, Early Childhood Development Unit, UK.

These addresses ably set the tone for the open discussion which followed in a series of three small working groups which were chaired by Ms. R. Aig-Ojehomon, Nigeria; Dr. W. Toisuta, Indonesia; and Ms. J. Jeremy, Australia. Rapporteurs for the working groups were Dr. W. Barker, UK; Dr. D. Keats, Australia; and Dr. J. Irving, New Zealand.

The report which follows was unanimously adopted by participants at the seminar's closing session, at which the Lord Mayor of Newcastle, the Chairperson of the College Council and the Principal of the College, together with the many friends made by the participants in Newcastle during the course of their stay, were present. The welcome extended by the Lord Mayor on behalf of Newcastle and its citizens made a lasting impression on all who were involved.

As the Foundation Executive Director, Dr. W.H. Welling remarked at the close of the seminar, 'it cannot but be a matter of considerable concern to the Foundation, and indeed to all present at this seminar that, on the eve of

Australia's Bicentenary celebrations, the social profile of the original people of this country is still sub-standard in terms of health, education and life expectancy and – in contrast with mainstream society – records high levels of unemployment and imprisionment.

The Foundation wishes to acknowledge with gratitude the collaboration of the Newcastle College of Advanced Education, particularly for its excellent support services throughout the proceedings. In addition, the backing of the numerous local sponsors who contributed to the organisation and implementation of the seminar is gratefully acknowledged.

1. The general experience of innovative programmes working with young children and families in marginal settings has been that myths concerning family life – rather than contemporary realities – dominate much public and private thinking. Two main strands have emerged. First, that assumptions concerning the parental role in child development still derive mainly from traditions of intact families, whether nuclear or extended; and, second, that the professional – teacher, doctor or psychologist – remains by definition the expert, uniquely considered able to assess the quality of family functioning and child development. Parent and families are seen as passive recipients of professional expertise. The cultural and socio-physical environment in which they live is seen in deficit terms. Alternative programmes, by contrast, seek to promote parental empowerment aligned with community realities. They seek to make information and support systems available to parents and family members that are designed to help them improve children's chances of survival and their healthy physical, affective and cognitive development. The family, however constituted, is seen as the child's most important setting for development. The key task of innovative programmes is the strengthening of the family and the other mediating forces influencing the child. There are growing doubts about the effectiveness of the top-down intervention model in achieving changed lives.

2. The implications of this are substantial. For children at the margin, the informed support and capacitation of the family is critical if they are to thrive. Here the professional is an important resource, an adviser and support person, facilitator and advocate for the needs of the family. In this way, programmes achieve improved child development and better family functioning in 'at risk' communities. The importance of improving the situation of children as a stimulus for wider community action, based on parental self-help and group action, is also a critical feature of effective programmes in circumstances of marginality.

3. The problem of children at the margin can best be attacked by enlisting the active cooperation of those who can have significant influence on the development of children and who can greatly limit the effects of marginalisation, either by removing the causative factors which place children at the margin or by working to alleviate such effects when they occur.

The concept of marginality

4. The concept of marginality itself is none too clearly defined and inevitably has different meanings in different contexts, although in every society, some children are totally precluded by identifiably marginal circumstances from the attainment of their full potential. Although the possibilities for full development exist, for a variety of reasons their access to those possibilities is limited. Such children, whose attainment of potential is limited by social or economic factors, have been 'marginalised' by society, sometimes unwittingly, sometimes even deliberately. Thus, for example, marginality in some societies is imposed by legal restrictions, as in South Africa. In other circumstances, it is an accident of geography – as in the case of isolated communities. Some are marginalised by parental choice – families who pursue an itinerant life style are one such example; yet others by cultural traditions. Probably the greatest single factor imposing marginal status in children is poverty, if only because it is bound up with most of the other factors. Marginality – like almost all other causes of disadvantage – is socially engendered and hence the methods of prevention, as of amelioration, must also be social.

5. The problems of definition reveal a compounding of the notions of being on the edge of the mainstream and being disadvantaged. To be on the edge of the mainstream is not necessarily to be disadvantaged but, in relation to the services and benefits enjoyed by the mainstream, the marginal child is likely to suffer disadvantage.

6. Embedded within this issue is a further policy problem of some magnitude - that of relative deprivation. Children who are 'at the margin' in one society or culture might be regarded as favourably placed in another. Should this issue be treated in absolutist terms? Should policies be focused exclusively on children who are marginal and highly disadvantaged by any standards? Or should attention also be devoted to children whose potential is gravely limited within their own societies? These are the policy issues which

confront governments and international agencies.

7. From a relativist standpoint there are many aspects of marginality. A community of migrants may be marginalised; there may be religious, geographical or other factors causing marginalisation. Individuals or groups may be marginalised because of ethnic reasons, or because of disablement, because they speak a non-mainstream dialect, because of unemployment, because they live as an itinerant family, because of abuse within the family, or through isolation for other reasons. In practice the dimensions of marginality are many. They include geographical marginality, marginality of social class, marginality of ethnic group, religious, educational and cultural marginality, and marginality of family structure.

8. There are other, more tragic examples of marginalised individuals. In some societies, individual children may be marginalised because they are twins, or the sons and daughters of untouchables, lepers or imprisoned parents, or because they are victims of war. Children whose mothers die in childbirth are sometimes blamed for the death. In all these categories, children are hard to foster (if they are abandoned by their parents or group). An extreme example of this form of marginalisation is the street children found in many societies. With no family to take an interest in them, and unwanted by the surrounding community, there appears to be little that can be done to reintegrate or provide any meaningful development for them. Efforts in this field so far have been largely palliative.

9. A different form of marginalisation occurs when, for example, both parents need to go out to work and the quality of child care given to their children is grossly inadequate. The problem becomes more serious the longer the time that such children spend in day care or child minding situations. These children absorb values and attitudes from the care givers which may be very different and inappropriate to the cultural group from which the child comes.

Examples of marginality

10. Examples of different types of marginality show the diversity:

(i) The treatment of Aborigines in Australia provides an example of the marginalisation of an entire society. Aboriginal communities were taken from their traditional

lands and resettled elsewhere, depriving them of their cultural roots. Children no longer received the holistic development which was basic to their development as Aborigines. Within mainstream Australian society, social and family marginality can be found in the pre-adult households composed of adolescents who have left home, sometimes encouraged to do so by current government intervention policies. These adolescents, many of whom become teenage parents, form a marginal group who are neither independent adults nor dependent children. Another Australian example of marginality can be found among the families in remote rural areas of New South Wales. Although many of the women are unable to drive and the nearest village may be up to 5 miles distant, families claim they do not feel socially isolated, as radio contact is always available and all necessities are provided. In this case, the perception of social marginality is in the eyes of observers rather then the individuals directly concerned.

(ii) In Malaysia, workers in remote rural plantation areas lack access to early child care facilities and later educational opportunities. In urban areas, a totally different kind of isolation occurs with the predominance of many 'latch-key' children – children whose parents both work outside the home.

(iii) Latch-key children are also common in Singapore. Some lock themselves in their apartments alone; others wander the streets until just before the parents return. Since, increasingly, there is only one child in the family, there are no siblings to turn to for company or aid. The situation is exacerbated by changes in traditional family forms from 'extended' to 'nuclear' and the changed housing patterns whereby 78 per cent of families live in high-rise government housing flats. A telephone service has been swamped by children calling in either for help or simply social contact.

(iv) Over 80 per cent of the children in rural areas of China could be considered as marginal. There are relatively few schools and parents are not well educated. In the mountainous areas, there is extreme poverty. This situation contrasts with urban areas where education is provided, but some children lack interest in their studies. The national one child family policy can also produce its own form of marginality.

(v) There are parallels in the situation in Africa and Latin America for families who move from rural areas and become marginalised in the large shanty towns on the outskirts of cities. The custom of having young children cared for by an older sibling is being eroded, often ironically by the encouragement to enrol children in primary schools. The alternative of hiring a young child from an even poorer family to undertake child care responsibilities has the effect of marginalising both the carer child and children cared for.

(vi) Europe and the United States offer different forms of marginalisation. There are vast 'fourth world' estates of families living in disadvantaged environments and supported (in most of Europe, though not in the United States) by extensive welfare services. Many of these families are at the margin because of racial or cultural discrimination, or because of inadequate education to fit them for the technological societies they inhabit, and are deemed to have 'failed' in the eyes of mainstream groups.

Differences between industrialised and traditional societies

11. Broadly viewed, the problem expresses itself differently between industrialised (or indeed post industrialised) societies and traditional societies in the process of modernisation. The latter case is perhaps clearer and in many respects, the manifestations are more painful.

12. Within the African frame of reference, for example, the responsibility of bringing up young children was not confined to the parents but was shared by a wider social milieu. Today, in many respects, traditional African society has almost disappeared. Since independence, society in most African countries has undergone major political, economic and social changes which have had significant impact on child rearing and care practices.

13. In the past young children were brought up within an extended family environment which included parents, aunts, co-wives and grandparents. All lived together, usually in the same homestead. In this broad family set-up there was always an adult at home to look after the young children. However, new settlement and occupation patterns have brought about high population mobility, necessitating that children be brought up outside the extended family. The outcome of this is the decline in traditional child rearing and child care systems.

14. For many years cash crop farming was an almost exclusive prerogative of colonial settlers, at least in East and Central Africa. The indigenous population either worked for the settlers or was involved in subsistence farming. With independence, Africans became actively involved in cash crop farming and, with the rapid growth of the urban population, the range of cash crops was diversified to include a variety of vegetables and other horticultural produce for both the domestic and export markets.

15. With this change in patterns of farming, the adult population, including grandparents, particularly in rural areas, is busy either attending to its own crops in small holdings or at the local market selling the produce. These changes in farming strategies mean that grandparents and other adults in a homestead are no longer available to look after younger children during the day.

16. Historically also, older children, usually at the age of six and above, were entrusted with the responsibility of looking after their younger siblings, including feeding them while their parents were away. The drive to extend primary education has meant that, for example in Kenya, over 9 per cent of six year olds are now enrolled in primary schools. This means that older children are no longer available to look after their younger siblings. Thus, yet another factor has deprived mothers of support and assistance in caring and bringing up young children.

Changes in women's work

17. Another factor inducing changes in patterns of child rearing and care is the increased participation of women in work beyond the home environment, sometimes necessitated by a gap between the cost of living and family income. This has meant that parents, particularly mothers, are increasingly away from their young children for prolonged periods of time during the day.

18. The opportunity to choose to work outside the home is important for women, very often having positive consequences for both the women and their families. However, in both rural and urban/industrial settings, a problem occurs where there is difficulty in obtaining appropriate alternative care for children. State welfare mechanisms, which may be introduced to deal with the more pernicious aspects of this problem, can result in the

compounding of feelings of helplessness and dependance on the part of the parents.

Marginalisation in industrialised settings

19. Although it is often thought that rural children are to some extent marginalised in relation to urban society, there are values and aspects of rural life which indicate that those urban children living in poorer areas may be even more at the margin of society.

20. In most metropolitan areas there is a noticeable increase in pluralism across most aspects of human existence. This pluralism is connected to loose social control processes. The feeling is that, in the cities, anyone can live the way she or he likes, without feeling the pressure and social conditioning which leads to conformity.

21. However, pluralism and looser mechanisms of social control in urban areas may also result in situations of indifference and anonymity. These tend to loosen the ties and bonds of the social network, causing personal isolation. Often, for example, in city apartment blocks the person who lives on the floor below is not known to her or his neighbours. Even when such people are in need, they are considered and treated as 'strangers'.

22. Isolation in the city takes many forms. Isolation in time can occur through the reduction of parents' time for other relationships if there is a child. Small apartments, or scarce or unsafe open air facilities to meet other adults and children lead to isolation in space, as does the lack of provision of adequate transportation which makes it difficult for families with young children living some distance apart to interact regularly. It is difficult, for example, for a mother with a baby in her arms to manage a pram and a shopping basket on a bus. Psychological isolation also emerges, particularly in marginal families; here the idea that the child is a private concern to be shared only with an homogeneous group and culture is still dominant. Large cities encourage feelings of harassment and rootlessness. Other people and services seem inaccessible and unfriendly. This is not isolation by choice, but rather the effect of parents' inability to make contacts, coupled with the ineffectiveness of services to help them. Families need other families: they need opportunities and spaces to meet, to talk, to create links, to confront, to exchange opinions about daily life and to help children play and grow with other children. Urban life and living conditions

tend to intensify loneliness: parents and their children become unused to having other parents and children in their homes.

23. Frequently, people look for a solution to this condition by enclosing themselves in the safe emotional bonds of family members; by involvement in ideological or religious groups; by joining groups of acquaintances based on common cultural or sporting interests; or by an evasion of reality leading to reliance on alcohol or drugs, or even mental breakdown.

24. Anonymity and isolation remain consistently high. Every family nucleus is required to live by itself. It is required to use social and educational services, including hospitals and schools, whose ideology or methodology may not be shared. The family therefore falls back on its own environment to defend itself from outside dangers of various kinds – unemployment, drug abuse, delinquency. Such self-absorption puts undue stress on intra-family relationships, in which parents' attention is concentrated excessively on children, and children lack a wide range of adult models.

25. The size of families in many industrialised countries is, in general, smaller. Figures in urban areas give an average of 1.2 to 1.5 children per family, with many families having only one child. This child is generally born later. Recent data in Italian industrial towns, for example, show that over 43 per cent of first children are born to mothers over 30, ten years later than a decade ago. Changing values, the practice of birth control, housing difficulties, very high rents, lack of provision for single and teenage parents encourage couples to produce fewer children and these at a later age.

26. As in rural societies in developing countries, there is declining support from the extended family. Grandparents may remain active in the labour market longer or, because of the later age of parenting, may be too old to be available for child care. Increased mobility may also mean that they live in different towns. Support from the extended family may occasionally still exist, but there may be difficulties: the mother may feel overshadowed by her own mother or mother in law, or the father may see the grandmother as intrusive and feel himself excluded. There may be conflicts of view on the educational practices, values and habits of raising children. Young parents may prefer more neutral solutions for support

and care or may even reject the intrusion of grandparents into their increasingly private world.

Implications for the concept of marginality

27. The causes and pressures of marginality on the young child may be many and varied. However, the 'solutions' are increasingly convergent, based upon an increased humanisation of social services, increased 'ownership' by the community of the services designed to meet its needs, and increased understanding of the concepts of partnership in action at the level of the young child and family.

28. At times the tie between the child and its parents is either too tense and near to breaking, or too close and suffocating. The re-establishment of a preferred distance can help to overcome ambivalence. Consistent and constructive interaction can then occur setting the basis for educational activities to be carried out by the parent. It is important, therefore, to plan non-institutional forms of support to assist the parent/child relationship. This requires preventive action aimed at helping parents to become active and aware instead of dependent on so-called technical experts.

29. What kind of services are there for families, and which families use them? Paradoxically, the hope of escaping from marginality may actually be worsened by the nature of the welfare services which are provided. These services often tend to emphasise dependence rather than capacitation.

30. In most European cities, health services include home visiting after birth, free baby clinics, family planning centres, day care facilities and pre-schools. Italian data show a high rate (70-80 per cent) of one-time consultancy in health services. Thus, health services and baby clinics which offer free visits and vaccinations are used at least once by most families, but very few make a second visit. Equally, there is insufficient day care. In large industrial cities, waiting lists often number in the thousands. However, the groups most in need do not take part to any great extent, except for those few high-risk families who are directed to day care by social workers, such as children of drug addicts, children whose parents are in prison, or handicapped children. In general, very few families living in difficult housing conditions, or with low economic status, apply for day care.

31. Day care and baby clinics are only two examples of services for families, but they are significant. Both services

20

should, in principle, be able to give support to marginal families as well as advice and opportunities for socialisation with other families.

32. Across the industrial world, first beginnings can be seen – in Milan, Boston and Liverpool – with the creation of services which have another, more appealing style, based upon what families actually need. This, in essence, implies places, times and spaces where they can get together, have the opportunity to share experiences and identify with each other. This process allows individual initiatives to emerge, gives the feeling that things can be done, situations can be changed using families' own resources, and enables parents to gain in self-confidence. It also leads to general care and educational orientation which is consistent with and respectful of the values held by the families.

33. Families need to learn to change and take initiatives, to understand that when they are with their children it can be pleasurable for children and adults. This may imply that families need to be contacted at home or be invited to use flexible meeting points by respectful professionals, who will listen to the needs as they are expressed, without judging them. To enable parents to observe how they interact with children, strong and confident care givers are needed who can cope with observation, judgement, interference, ambivalence and even conflict. To help families to help themselves, it is necessary that they have the chance to talk: guiding such informal and fluctuating groups is by no means easy. This process throughout the world is only in the earliest stages.

The concept of 'parent education'

34. In whatever context, if new and more sensitive family services are to emerge, the nature of the support system must be examined and adjusted to meet the needs of the child, and an all-out effort be made to tackle the many issues surrounding parental capacitation to meet today's realities.

35. In this regard, it has to be understood that 'parent education' carries condescending overtones. A new terminology is needed, showing more understanding of the positive attributes that parents can bring. For example, it must not be assumed that outsiders necessarily know better, nor that all traditional ways are bad, as illustrated by North American Indian massage stimulation in bathing babies, or by Aborigines' understanding of nutritional supplements.

36. The definition of parent education needs to include awareness. The frequently negative reaction to the term education has to be overcome by changing attitudes. The professional, too, has to change and this may well be the hardest part of the exercise because she or he often comes from a base of over-confidence and a tradition of assertiveness. These problems are particularly apparent in cross-cultural situations where the pattern of 'talking past each other' can block communication. Verbal and non-verbal messages are not received.

37. Fundamentally, the need for continuing parent education (in whatever terminology) cannot be in dispute. As society needs to change and evolve, it becomes more and more imperative that parents become equipped to assume more powerful roles in the services they and their children consume. Again, the African case is illustrative.

38. Parents need rejuvenation and updating on changing patterns of child rearing and care. But the critical question is, who will do it? Who is the expert who can educate the parents? In Kenya, for instance, there was an earlier experience of frustration because of the ways that were used to carry out parent and community education. An immediate example is the family planning programme where, in the initial stages, young girls were employed as field educators to lecture to women of their mothers' age on how to plan the family. Culturally this was unacceptable. There are lessons in this for developing viable parental and community education programmes.

39. Even so, there are several themes which illustrate the importance of new initiatives in this area. The problem of young girls becoming mothers at a very early age is generally becoming more acute. These girls are usually away from home, sometimes living in towns where they do not have the benefit of guidance from their mothers and other women in the community, on the best ways of child care and upbringing. These girls form a crucial target group. Another key group are the young girls employed by the affluent members of society to look after their young children while they are working. Often these girls have no knowledge of child development. Affluent parents are occasionally shocked to find serious problems facing their children – such as malnutrition in some developing countries – simply because they have left the care of their children to youngsters who

have no idea of how infants are brought up. Also, although major strides have been made in linking the rural population with the health services in many countries, there are still many matters that are yet to be dealt with. For instance, many families do not have access to clean water. Thus, maintaining adequate sanitary conditions is problematical. This situation obviously has many drawbacks for the health of children and their families and implications for parent education.

40. Perhaps the strongest argument for parent education is that parents can, in some circumstances, themselves be the source of marginality. For example, in the past, people who were mentally slow were easily accepted in their own communities and often had a useful role. Today, society's institutions marginalise them and even attempt to prevent them having children of their own; in the UK, the children of mentally retarded parents are frequently removed by social welfare agencies and placed into care.

41. Reverse discrimination occurs with the fostering of ethnic minority children: if the only parents offering foster care are from the mainstream ethnic group, the child often has to remain in institutional care. Factors such as unemployment, resulting from large-scale economic development, over which negative effects most people have little influence, have a strong marginalising effect on the children concerned, not only because of the enforced poverty of the parents, but because of the stigma attached to the parents in receiving unemployment benefit.

Combating the disadvantages of marginalisation

42. One of the best known approaches to combating the disadvantages of marginalisation is through early childhood care and education, either through institutions or through parents and even parent professionals themselves – drawn from the same communities at the margin. Given the right ethos, such settings can materially influence the skills, socialisation and cultural development of children at the margin. In situations where the parents themselves are free to invest time in helping children's development, this can be even more effective, provided that the parents have the necessary support and encouragement for this work.

43. The community itself has great potential for drawing back its children from the margin. There is also reason to think that a community's child care efforts may be of considerable value in stimulating change within the

community itself, even to the extent of encouraging child care workers (drawn from the marginalised community) to help recreate that community's cultural and traditional values, or of mobilising the community's energies to tackle other constraints upon it.

44. Grandparents and other elders are a particularly strong resource for a community. Although the nature of modern employment means that many grandparents may be at work themselves instead of helping to look after their grandchildren, the potential of this generation needs to be explored anew. The concept of *Harambee* in Kenyan society, of *Gotong-royong* in Malaysian society, and the cooperative movement in European society, points to a near-forgotten but immensely strong resource for any form of community development. The nature of cooperatives – of which there are now 700,000 in Europe alone – is such that grandparents could utilise them to provide a major service of low- cost and culturally appropriate child care and education.

45. In the African environment, a variety of methods have been used successfully to deal with the changing situation. For instance, in urban areas, where both parents are employed outside the home, childminders are used, while in rural areas, many mothers take their young children with them as they go about their daily business in farming or trading. The wide-scale establishment of pre-school centres in Kenya and Zimbabwe has been turned to by the majority of parents as an alternative method of caring for and educating their young children. Both pre-school education programmes clearly demonstrate the fundamental role of parents and members of the community as 'mediators' in the care, growth and development of their children.

46. The growth of these pre-schools has been a community affair. Usually a group of women get together and decide to establish a pre-school in their village. They approach the relevant authority to identify the land on which to build the centre and, at the same time, they start the process of collecting building materials. The rest of the community gives them support and soon they put up a pre-school for the young children in the village. They then appoint a teacher, usually from the community itself, and go through the other formalities of operationalising their school. Today, in Kenya, there are over 12,000 pre-schools operating; about 75 per cent of these are run and managed by parents and local

communities, within the framework of the country's national self-help policy and its motto known as *'Harambee'*.

47. What is unique in putting up a *Harambee* pre-school? Parents do the same for primary and secondary schools and health centres. But at the pre-school level, parents' involvement is far greater. They help to prepare the mid-morning meal for their children, often travel long distances to ensure that their pre-school children and teachers have clean drinking water at school, and many parent committees have insisted that pre-school children should have permanent classrooms and adequate equipment, and have helped ensure this by organising furniture and toy making workshops.

48. The emergence of these initiatives – a constructive adaptation of traditional African community self-help efforts and the attempts in some industrialised settings to strengthen the capacity for family and community involvement in early childhood care and education – have implications for the entire phenomenon of marginality.

Child care workers in the community

49. All of this stresses the need for child care workers to be drawn from the community itself, wherever this is possible, both because of the cultural appropriateness and the understanding of such workers, and for a community's self-esteem. Unfortunately, the educational and other qualifications required for training as a child care worker often makes this impossible to achieve. There needs to be new thinking about what is really required for competent child care work, so that members of the community concerned can be trained for this work.

50. In the last few years, there has been an enthusiastic move to mobilise various communities in different parts of the world to find out what still exists in their oral traditions, and if the communities would be ready to revitalise these for use by the teachers and children in pre-schools. There are many examples today of how the community can actively participate in the development of suitable curricula for use by pre-school children and their teachers, based on the people's culture and traditions. Poems, riddles, stories, finger plays, children's games, songs and dances have been developed through parent and community participation. It is worth pointing out, however, that not all traditional or cultural practices are necessarily suitable for enhancing children's opportunities for development. For example, while it may be

thought that ancient customs such as initiation ceremonies could be a way of preventing the marginalisation of Aboriginal youngsters, the health implications associated with such ceremonies may necessitate change in customs that have always been a part of sacred culture.

51. Stress on the cultural dimension could again serve as a lead-in to community development programmes, using early childhood education as a starting point. The work of Maori and Pacific Islander communities in New Zealand provides an excellent example of this process in which mothers and other care givers, including grandparents and community elders, have set up early childhood education centres with the aim of cultural/linguistic maintenance. The name of these centres, 'language nests' (*Te Kohanga Reo* in Maori) shows where the focus lies.

52. Curriculum developers and other educational planners have realised that they must work with elders, parents and community leaders to tap this form of education – which is very important in the total development of young children. The Sderot project in Israel reveals the importance of careful planning to obtain parental involvement. Local mothers prepared to give of their skills were deployed as para-professionals. However, the first and most delicate stage in this process was learning where the family was at – creating trust and commitment between para-professional and family. With both non-working and working families, the para-professional had to try to avoid all obstacles, such as inconvenient times, to identify the most comfortable time to work with them. The focus could then move to what the family wanted from early childhood education, starting with the mother, the father, the grandmother.

The educative role of the family

53. At the core of the problem, particularly as it affects the marginalised child, is the need for the family context to be positively educational and for families to have the surety and self-confidence to make an educational contribution in wider groups. But in order for this to occur, the family context has to be consistent. In particular, an educational relationship has to be established which is, as much as possible, free of contradictory messages, paradoxical communications and vague directions. This helps families achieve greater stability, flexibility and consistency and therefore enables them happily to carry out their educational role, building up their self-esteem. To achieve this, families should be encouraged to

express themselves, to find out that their 'problems' are normal and they are not bad and inadequate, and to try out ideas for themselves. This implies the creation of an informal educational context for families where adults can enjoy themselves in interacting with children. It requires patient listening and support from professionals to help parents themselves to formulate imaginative educational approaches which are congruent with their own lifestyles and their cultural models.

54. Getting in touch with isolated and 'silent' families, promoting new spaces for socialising, building solidarity networks, developing the resources which exist within families, especially women, to help them become active partners and users of services rather than being used by them, helping families to express their real needs, seeking new solutions to them – all of this is not an adventure to be left in the hands of occasional charitable initiatives.

Policy aspects

55. Governments have a major role to play in this, especially through their funding policies. All too often governmental efforts marginalise parents and communities even further. It should be a cardinal principle of any initiative in child care that the government (or charity or international organisation) ensures that the local community is involved in a meaningful way.

56. To sum up, there is a variety of strategies with the potential for reducing marginalisation, based on parents and communities. Every successful strategy will depend not on 'do-gooding' to rescue children from marginality, but rather on quality programmes to restore to marginal children and their parents their own culturally valid place in society.

II. THE PROFESSIONAL AND THE TRAINED PARENT AS MEDIATORS

57. The task of enhancing the development of the child at the margin is essentially a social issue. Three groups of people have been identified as likely to influence social constraints, although this is far from asserting that they include all social influences which either enhance or impede the development of the child. These groups are: the child's own immediate social community, including, as a critical component, his or her family; professionals, including administrators and others responsible for institutions concerned with children; health and nutrition workers of all kinds. It is essential to identify the significant members of such groups – those most likely to contribute to the prevention or alleviation of marginality – so they can be alerted to the problem and made aware of the effects of forcing children on to the margins of our societies. How can their expertise be enlisted and their knowledge and skills be placed at the service of children at the margin? These are important questions for the last decade of this century.

Influence of professionals' attitudes

58. The role and training of the professional are the major current issues in the field of early childhood care. The influence of such highly educated and trained people on the self-esteem of parents, and the development of children from disadvantaged areas, needs to be examined closely. While professionals are undoubtedly doing useful work in helping to broaden parental skills or stimulating children's development, is their professional status, their learned 'social' attitudes to people from disadvantaged environments, and their belief in the superiority of their own views the best under-pinning for work with marginal communities?

59. Most professionals will generally claim that they do not hold these views and, indeed, there are many professionals who do not. But there are many others whose body language, way of speaking, behaviour and intellectual baggage inherited from their training, suggest that they still adhere to the outworn 'medical' model of intervention. Given this background to the need to find a new paradigm of professionalism, what are the consequences for our thinking

about mediation from outside so that the marginal child is made to feel proud of its own cultural environment and not alienated or made to feel that the professional's cultural environment is somehow 'better' than its own?

60. In this context, the paramount need is to change the nature of the relationship between professionals and parents/communities from one of dominance to one of equality, from one of dependency on the part of the parents to one of partnership. This implies that an important task for the professional is to 'empower' the parent. The method must be one of interaction, not intervention.

61. Many, perhaps most, adults in disadvantaged, marginal communities feel a sense of powerlessness, of inability to influence the course of their own destinies, or those of their children. The professional is often seen as part of the power structure and hence a threat or, alternatively, a benign mother or father figure. If the full growth of the child is the aim of both parent and professional, then partnership presents the greatest hope of its attainment. This is generally recognised: yet often lip-service is given to it as an ideal.

Developing new relationships

62. What, then, prevents the achievement of this ideal relationship? Generally, any changes in traditional roles and expectations tend to elicit apprehension and resistance. In this case, resistance can come from three groups of people: the highly qualified professionals, the not so well qualified para-professionals, and parents themselves. It is perhaps not surprising that professionals should resist this partnership which can be seen as a threat to their status and their jobs. If parents can be trained to do their work (or part of it) then their years of training appear not to count for much. And, if this work can be done at a lower cost, there is the fear that in countries where there are strong competing needs, cost-cutting measures might include training parents to replace the more expensive professionals.

63. At another level, an intrusion by parents into the professionals' domain is seen as demystifying the nature of their profession, resulting in a lesser control over parents and more vulnerability to being questioned and challenged. Professionals are no longer to be regarded as demi-gods. Nevertheless, teachers often accuse parents of doing more harm than good in their attempts to teach their children how to read and write before they enter school. This learning

situation is one which has a great potential for parent involvement and parent training to enable them to work with their children in a more productive way. Instead, the 'keep off, leave it to the professionals' attitude does nothing but discredit parents and alienate them from contributing to the development of their children.

64. Para-professionals who work directly with children may either be young girls with generally some basic education, or older women with either minimal or no education whatsoever. Often these care providers are younger than the parents, less experienced, and may be less educated with below or about the same socio-economic status. Holding a poorly paid, low status job, their self-esteem is likewise low. Parental involvement can be threatening and intimidating when they have few skills and knowledge about their work. Thus, they feel doubly threatened.

65. Partnership with professionals is not usually something that is automatically accepted, nor even desired by parents themselves for at least two possible reasons: lack of time, when both parents have to work outside the home, and traditional norms and beliefs that may pose obstacles. Traditional Asian society places a high value on authority and authority figures. For instance, in societies where Confucianism predominates, there can be an emphasis on inequality in the relationship between subject and ruler, employee and employer, student and teacher, child and parent, patient and doctor. This inequality is accepted as the natural order of things for harmony to prevail, hence the reliance on the expert, the authority. Fatalism is widely accepted in these regions. When disasters, natural or otherwise, deprive parents of their children, their homes, or their livelihoods, they are regarded as fate. When people feel they have no control over powerful events, it is easier to cope with the consequences. One does not have to bear the burden of a guilty conscience at having failed. A sense of powerlessness to help, to change events, to control one's destiny, creates the belief that whatever happens must happen – and people with 'special powers' are the only ones who can help, if at all.

Professionals

66. Professionals need to be reassured and convinced that trained parents can enhance their programme, that their expertise and training will continue to be needed. In fact, much more will be expected from them in taking on

additional and more subtle roles for which they will have to be equipped. Professionals need to be confident in their new roles in order to give away some power to parents. Recognition and support for professionals is necessary.

Para-professionals

67. Para-professionals need even greater support to allay their fears, overcome their defensiveness and raise their confidence and self-esteem. Parents can play a major role in this area if they understand the role and function of para-professionals. Acceptance and encouragement will lower resistance. Para-professionals in turn need to be helped to see parents as friends and helpers and not as adversaries. Most importantly, they need training to upgrade their skills and knowledge.

Parents

68. For parents to accept their role as partners with professionals (and para-professionals), they must understand what actually is expected of them in the care and education of young children. The 'authority', the professional, must be seen as consenting, directly or indirectly, by words and gestures, for parents to assume their new role. The professional needs to explain and demonstrate how, by undertaking certain tasks, parents are able to prevent negative situations from occurring – for example, preventing diarrhoea by using mother's milk instead of baby formula fed from unhygienic bottles, and preventing fatal accidents by safe-proofing the house.

69. When parents can see and be convinced of the behavioural possibilities through their involvement, then attitudinal change is likely to follow. Any attempt to disabuse parents of superstitious notions frequently elicits resentment and raises barriers. Unless the professional is able to provide a credible substitute coping mechanism, she or he should be extremely cautious in trying to deprive parents of their traditional coping device – be it a belief in fate or something else. Demonstrating the effects of new behaviours and monitoring changes that are taking place can be a powerful tool for changing parents' attitudes and encouraging them to accept the partnership ideal.

70. The fundamental responsibility for resolution of factors militating against achievement of partnership must, in the final analysis, lie with the professionals. Regrettably, the nature of their training all too often fails to take account of this issue.

Essential skills and knowledge

71. As a minimum, in addition to the specific knowledge and skills demanded for each specific profession, those working with disadvantaged communities and parents should broaden their skills and knowledge to include:

knowledge and understanding of the community they are working with (possibly language, culture, social norms and structure, aspirations, parenting practices) as well as the particular determinants of disadvantage – such as poverty, minority status, isolation;

community development skills (needs assessment, networking, organisational skills, identifying and maximising resources, support structures);

human relations skills (inter-personal skills, effective communication, facilitative skills);

advocacy (knowledge of the socio-political system, negotiation skills, report writing, presentation skills).

With better and new knowledge and skills, professionals as well as parents can be more effective in performing their roles as partners and mediators.

72. Training to 'capacitate' parents and families to help them to be more effective 'facilitators' is essentially a matter of empowerment. As an example of this, the empowerment of families is at the heart of the approach being developed by the Family Community Resource Centre Project in Boston.

73. The Boston project embraces a model of self-help which links individuals and family development with community empowerment. Empowerment is understood as a means of overcoming collective inequality and oppression as well as confronting individual situations faced by parents. In the rhetoric of conservative social planners, self-help is synonymous with a laissez-faire role for government and the private sector in promoting child and family welfare. Individuals and families, and particularly the poor, are expected under this theory to take responsibility for themselves with minimal access to resources of the public trust. In contrast, the project helps community members learn how to work together to take advantage of their rights to public and private resources, on the premise that society has a responsibility to promote individual, family and community

development. Self-help is thus promoted in terms of collective action, as well as in terms of helping community members to pool personal time and talents in the service of family and community needs.

Community empowerment

74. Empowerment fosters enhanced dignity and self-esteem. It involves individuals and communities in defining themselves as worthy, capable, and deserving. It yields a sense of 'I can' and 'we can', based on experience in achieving change through cooperative action.

75. Through the empowerment process, people learn skills which can never be taken away, regardless of whether particular programmes and services are discontinued over time. These skills are instrumental in improving community organisation capacities for effective work, but also help individuals in their personal lives. Traditional power brokering and social planning models of community involvement do not teach these skills. They do not foster self-esteem, nor do they enable communities to identify needs and pursue social change priorities. Brokering and planning models often reinforce political dependency and prevent structural changes in power relationships. They do not involve community members as partners in programme planning and implementation, so the services they yield often fail to meet basic community needs.

76. A parallel example in Dublin shows what parent empowerment can achieve. In the face of much initial opposition, and of the dilemma it may pose for the professional, a home visiting programme was set up in deprived areas of the city. The programme visitors were highly competent mothers drawn from the same communities. Today, there are more than 80 community mothers who visit monthly to offer support to many hundreds of young parents and help to capacitate them.

Is empowerment always possible?

77. On the other hand, examples may be given of situations in which it may not be possible to achieve partnership and empowerment in time to solve a critical problem. In a community which is over-administered and severely pauperised, as is the case with Australian Aborigines, it is not possible to wait for the community to come to the professionals. In these circumstances, the professionals may have to create opportunities for offering support.

78. This raises once more the question of training – in each circumstance, what roles should professionals play? What education best fits them to fill these roles? What are the appropriate para-professional roles? How should they be trained for partnership? And what of the communities and families – what is their part in the partnership?

79. An additional, vital, but difficult, role for professionals is implicit in the approach – that of being themselves trainers of para-professionals, community members and parents. This they must learn to do as equals, as partners and not as dominant 'teachers'. This, in turn, generally implies non-formal methods. The examples below illustrate a considerable variety of current approaches.

80. In Singapore, a programme of in-service training has been developed by the National Trades Union Congress Child Care Service. This is a five-level training strategy which has both a centralised and decentralised approach using trainers from different disciplines – social workers, nurses, teachers – drawn from different levels of staffing. The first level is a two-week orientation at a satellite training centre; the second level is a three month fundamentals course with a strong emphasis on practice; the third is a series of workshops over one year, the topics of which are identified by the trainers and trainees at the beginning of the year; the fourth level is a specialised training module for staff working with children in different age groups; the fifth level is more advanced training for senior staff.

81. In contrast, the situation in Malaysia is one of massive training needs. With the introduction of the licensing requirement under the Child Care Act, there is a problem of commercialisation, with paid courses promising much but delivering little. There are also problems of trying to develop a decentralised system so that each state or region can carry out its own programme, but constraints on who may effectively interact socially affects the delivery of training. For example, a man may be unacceptable as a trainer of females.

82. A problem encountered in the training of Aboriginal aides for work in Australian schools is that their training is sometimes accelerated beyond their capabilities. Part of the problem arises from their selection. Those entering the programmes are frequently without study skills and are taught by Aboriginal trainers who are not themselves trained for

teacher training. Another problem is that they come out of the training programme with a 'vernacular' which is alien to the groups with which they must work. This leads to a rejection by those groups.

Universal principles in training

83. No matter which approach is used however, there are some universal principles which should always be adopted. There is a need for the professional and para-professional to be carefully trained in drawing out responses. This needs a new level of skills, otherwise the community will not be forthcoming. Professionals have to develop sensitivity. There is a need to use the appropriate register of language, to be aware of non-verbal signals such as eye contact, to develop empathy, humility and a capacity to listen, to know when writing and recording are inappropriate in societies with strong oral traditions.

84. Professionals should learn to take responsibility for their actions and their consequences. The enormous differences among cultures need to be kept in mind, and the professional should be more aware than the community of the extent of these differences. It is important, however, for the professional not to do more than the leaders of the culture want. The *Kohanga Reo* movement in New Zealand provides an example of a minority cultural group deliberately keeping outside professionals at a distance. The group decides how and when support should be received and the form it should take.

85. The style of approach to communities is critical. Kenya has recognised the problem of 'talking at' parents – too much 'chalk and talk'. An approach may be perceived by communities as punitive or too critical. To overcome these tendencies, the professional needs to stress partnership and the mutual sharing of ideas. It is always necessary to be aware of the expectations that are being built up, the possibility of misunderstandings or unrealistic expectations, and to encourage direct dialogue between the professionals/parents/communities. The importance of enjoyment is a factor in the success of the project; each small success should be reinforced and pleasure derived from this.

86. Equally important is the necessity for recognising that each community, within as well as across socio-cultural groups, demands an approach unique to its specific needs.

87. Various strategies can be used to facilitate differing approaches to community development. In Kenya, for example, the traditional *'baraza'*, a meeting of community leaders and community to impart information or raise issues, can be used as a means for announcing new projects. Churches can also be used as almost everyone attends church in rural Kenya, and the powerful women's groups provide a further opportunity. In other words, although not established in a formal structured sense, traditional processes are used effectively. How does this happen, however, when traditional processes have broken down as in many urban areas? In this context, it becomes very difficult to get parent involvement.

88. Mozambique provides an example of an initiative developing from the need of mothers wishing to provide for their children so that the women might participate in occupational programmes. In this case, parents took the initiative, often before the professionals arrived. Sometimes it is difficult to achieve a balance between the spontaneous initiatives of parents and the introduction of professionals to this experience. This can sometimes be restrictive, but local community workers can identify these spontaneous initiatives and use the groups to bring in advice on matters such as health care, immunisation and nutrition. Sometimes it is better for professionals to keep out of the process and leave the parents to get on with it. Nevertheless, if mothers have to work a long distance from the home, it is difficult for them to be involved in the activities of their children.

89. In the Philippines, the community is helped to identify problems as the first step towards resolving them. The first visit by the professional is critical: the professional must simply sit with the community to set up a dialogue and establish trust. The initial contact is not as much a problem in rural areas as in urban, because of the basic tradition of hospitality, of getting people in the community together to welcome guests. In both urban and rural areas, however, it is essential that the professional be acutely aware of the informal networks which operate.

Informal networks

90. Indeed, experience in the Philippines provides an excellent illustration of the importance of informal networks both in the development of professional skills and in achieving viable partnerships. In the *'barangay'* (a small community group of houses, a street, or a small village), there is usually an elected community leader. Often superimposed

on the formal leadership network is an informal network which may be the more effective of the two. For the Philippines' training programme, it was seen as necessary to know the community situation with regard to both formal and informal leaders. Any professional who fails to master these informal networks will have considerable difficulties.

91. The building of such stable, productive partnerships takes time, patience and a great deal of give and take among the major groups – professionals, para-professionals and parents. The process may be enhanced greatly if every opportunity is taken to present the positive achievements of the project in attaining its basic aim – the aim of all Foundation projects – improvement in the welfare of children.

Evaluation and advocacy

92. An important aspect of this is continuous evaluation. Para-professionals in particular need to be able to reinforce skills, programmes and processes. To do this they need the techniques and tools for short-term evaluation. In setting up training for projects it is important to establish shared goals and aims and to develop ways of assessing achievement of these, almost on a day to day or week to week basis. The outcomes must be communicated quickly to the community whose part in attaining them should be immediately recognised.

93. Recognition of achievement also reinforces the role of the professional and para-professional as advocates. In the Boston situation, for example, it is claimed that opportunities for advocacy frequently arise from individual needs. More often than not the problems faced by one parent – with a government bureaucracy, for instance – are faced by other parents as well. As an advocate, the staff person helps the individual to address her or his immediate concerns, but also looks for opportunities to bring people together to achieve more broad-reaching institutional changes. Thus, as the staff member helps community members research and address common problems, the advocacy role often overlaps with the role of organiser. Advocacy issues also emerge from other aspects of the project's work. For example, it is frequently important to play an advocacy role around the need for increased resources for the operation of local programmes or space renovation. Such advocacy is much sought after and greatly helped if the professional can point to success.

94. Every person gows up in a 'life space' – the socio-physical environment. Apart from genetic endowment the development of a child depends in part on the quality of the life space, in part on the amount of access she or he has to it and in part on the nature of that access. Thus, development is closely linked to a child's access to those environmental factors and experiences which prompt optimal development, in interaction with the child's genetic endowment. Indeed, even when that endowment has been adversely affected through malnutrition in the womb, or other pre-natal factors, a great deal can often be done to counter the adverse effects, if the child has access to sufficiently powerful and supportive environments. For children at the margin, however, their life spaces and those of their families, are greatly limited in a number of related ways.

95. Six major features of the socio-physical environment are of fundamental importance to a community and hence to its children. These are the economic, housing, the 'defensible space', cultural, nutritional, and health environments. The 'information' environment provides a further supportive element.

Access to resources

96. The economic environment is a complex of land ownership, job access or access to other resources which enable individuals and communities to know that they have (or have not) a stake in society. Inevitably, in today's conditions, this is a fundamental aspect of the socio-physical environment. For many communities, families and children this environment is one of poverty and powerlessness.

97. It is controlled by forces and by people who are remote and seen as hostile, whether they are landlords or bureaucratic councils controlling city slums, large land owners or impersonal government bureaucrats controlling rural dwelling areas, or simply uninhabitable wastelands onto which dispossessed people have been moved for somewhere to live.

98. Children who see their parents jobless, landless and impoverished learn at an early age what it is to be dispossessed. From this dispossession comes apathy and acceptance of marginality. The physical environment is small and limited, with little that can be learned from it; the accompanying social environment is one in which impoverished neighbours may fight, turn to drink or despair, because there is little else in life other than the daily struggle for survival. The children eventually learn to become hostile and suspicious.

99. The question of land ownership in non-western society is a highly complex matter, related as much to the cultural environment as to the economic. However, landlessness and poverty are clearly related and poverty is the major cause of disadvantage and a major consequence of marginalisation.

Itinerant peoples and land

100. The position of nomadic peoples is particularly challenging in a world with increasing population and a shortage of land. The nomads of Africa have some similarities to the gypsies of Europe, because both have traditionally made a living by moving continuously. Today, such groups are trapped by international boundaries and by cash crop farming and are increasingly confined to ever smaller areas of movement. Even worse, as they become poorer and more marginal, mainstream prejudices increase and they are blamed for theft and many other unsolved crimes.

101. The situation of the Masai group in Kenya is a poignant example of how modernisation and economic pressure can affect a highly respected people. Because of the pressure on land for crops and the allocation of plots of land to landless peasants, the Masai and their cattle have had to be moved to ever more arid parts of the country. They do not want to forego their traditional way of life and yet there seems little alternative.

102. While it is possible that community leaders among the Masai might be persuaded to lead the people into an altered form of living, the main answer may lie in modern technology, to find solutions which would ensure that the Masai could retain some part of their cattle-herding way of life, such as better control of the tsetse fly, but much smaller and healthier herds.

103. The supreme example however is that of the

Australian Aborigines to whom identification with tribal or clan land is identification with their culture. Alienation from their 'own' land is alienation from their cultural roots. Alternative land is no substitute.

104. Paradoxically, the situation of the Aborigines is the reverse of that of the Masai. In central Australia, for example, one community now owns 18 million acres of the traditional land of their fathers. Within this community there are many Aboriginal youngsters whose health is being ruined by petrol sniffing or alcoholism. Their land is not economically viable for a contemporary lifestyle. The Aborigines now face the need to control a situation for which there are no precedents. In the past there were in-built checks and balances in the community and people had their allocated roles, so that this sort of problem could not arise on any large scale.

Housing and urban change

105. Within the traditional rural society, the emotional security and personal identity of the child derived from the sense of belonging in the family within a shared living space. The advent of urbanised living and the movement towards nuclear family living and single parent households has undermined the child's sense of belonging. The pressure of social change has in effect turned the family into adult-centred households.

106. Similarly there have been major, rapid changes in the pattern of urban living. On the one hand there have been many well meaning programmes, often with desirable physical consequences in terms of sanitation, water and power, but which have all too often had negative social consequences. Change has often been imposed without adequate discussion on the social needs of families and children and how these might be reflected in the physical environment.

107. On the other hand, there has been a considerable drift to the cities from the rural areas of dispossessed landworkers and people seeking a 'better life'. For them, too, 'new' housing estates or, worse, shanty or improvised homes have led to disastrous social conditions.

108. With the pressure on land and housing, it is becoming increasingly difficult for people to have territory or space of their own. A partial solution is that offered in the United Kingdom, for example, where tenants' committees on large

housing estates are being involved in administering the annual maintenance and repair funds for each estate. This gives some sense of ownership and control. In Singapore, there are imaginative solutions, based partly on income deductions and partly on employers' contributions, which will ensure that more than 80 per cent of tenants will own their own flats by the year 2000.

109. However, there are still major problems with regard to important developmental factors such as children's play space and community space. Parents in high rise flats do not want to leave their children in insecure play areas on the ground. Again, there can be imaginative solutions to these problems, if architects design dwellings around a central courtyard, or provide a special play area on each floor of a high rise block.

110. Another complicating factor is the rapid rate of urban change. The community of today is not the same as it was ten years ago, or what it will be in ten years. The problem of designing desirable community housing which will be lasting and appropriate in the future is not easy. Nevertheless, for all the impact that advances in technology have had on people in many countries, for the marginalised these advances might just as well not have occurred. Their lives have not fundamentally improved and they remain powerless.

110. New Zealand has provided examples of how government policies which did not take cognisance of cultural practices (for example, in relation to land held communally rather than by individual ownership) can threaten cultural identity. Without real knowledge and understanding of the culture of the client groups, this outcome is possible, even when policies are intended for their benefit.

111. While the environment of large groupings of high-rise flats can be seriously detrimental for children at the margin, the environment is far more damaging for the vast number whose lives are centred on a shack dwelling on an urban *barrio* or rural reservation. Whatever the shelter, the walls are seldom effective in keeping out the rain, cold or heat. There is little to stimulate the children in the home. No matter how loving the parenting may be for the children, there are not the resources nor the education to utilise what little there is in the home. There may be little privacy, little opportunity for parents and children to sit and converse. When self-esteem is lacking because of their situation, people do not easily focus

on stimulating their children.

112. What should be an emotionally warm and enveloping environment for every child, a kind of housing 'womb' in which children can be nurtured and grow up confident and competent, is instead a place of frustration. Parents living in such environments often have little patience with normal child exploration. They are quick to anger, to shout, to hit. For the parents, it is essential to have some control over this tiny piece of space that is temporarily theirs. Active children seem an intrusion on that tiny space. So the children at the margin learn to conform to what is demanded of them.

Secure and defensible space

113. Deriving from the economic and housing environments is a different kind of environment which is often of central importance in the early life of children at the margin. The 'defensible space' environment – the security within which people can function in reasonable safety, certain that the place they choose to live in will still be theirs tomorrow and in ten years' time if they wish – is of great importance and yet it is seldom seen as such by those who live in reasonable security.

114. The insecurity is not merely a question of impermanence. It is concerned far more with crime and fear. It is well known that the chief victims of crime are themselves the dispossessed. Those who are robbed, knifed or beaten up are more frequently those who have the least possessions and who, by any criteria of fair play, should be able to keep what little they have.

115. The effects of this insecurity on children at the margin are extremely serious because their whole psyche is affected. Time that should be spent on reading books, on learning of the cultural richness of society, on experimenting and enjoying 'development' is often spent in an atmosphere in which fear is commonplace, with suspicion of almost everyone in the surrounding community.

116. Worst of all, this fear and insecurity drives people to seek the help or protection of representatives of the community which is historically or currently responsible for having created the dispossession. It thinks, wrongly, that the cause of the insecurity and fear lies within the community. Thus, the community continues to feed on itself, lacking hope or belief in its own potential.

117. These are powerful feelings, soon communicated to the children at the margin. The effects on such children are long lasting. When parents and communities live in fear and insecurity, children lack confidence. Their early school experiences reinforce their sense of helplessness, of inability to cope. School becomes just another part of the same insecure world in which there is very little chance of success.

118. The caravan parks of Australia are one example of the disadvantaged being impaired by insecurity. Families have no permanence of living space. They may be forced from the park at the whim of a manager or owner, with no redress or appeal. While on site, they are often prey to violence and crime.

Nutritional imperatives

119. The nutritional environment is often more dependent on the economic environment than on anything else, although the quality of the information environment plays a role, as does the cultural environment. At times when an increasing proportion of the world's peoples are becoming urbanised, some level of economic viability is essential if people are to be certain of being able to obtain sufficient food for themselves and their children. Yet this is conspicuously lacking for parents and communities at the margin.

120. Advice on ensuring an adequate variety of foods from the attempted definitions of a good diet, is hard to follow if there is not the economic ability to purchase the required variety.

121. Even in rural areas or village communities, there is a growing decline in the availability of nutritious foods. Again, the reasons are essentially economic, but of a different order. Many village people in the developing world, particularly in areas of good quality arable land, are being encouraged to give up the growing of subsistence crops in favour of profitable cash crops. The funds gained are spent on agricultural inputs, consumer items and on foods of prestige value with little nutritional value.

122. A lack of understanding is particularly damaging in coping with the nutritional environment. The damage occurs because where there is limited money to purchase food, people are easily tempted to buy foods of low nutrient value but highly advertised for tastiness or even claiming 'added nutrients'. A good example are the modern industrial breads,

baked with wheat from which the wheat germ (and thus, most of the nutrients) have been removed. Yet such breads are often advertised as having added nutrients, put in to replace only a small part of what should never have been removed in the first place.

123. In West Africa, a typical example of damaging food habits is the replacement of highly nutritious palm oil by various chemically doctored modern processed oils. There is evidence to show that villages where palm oil is still used as a garnish on roots and tubers have much less malnutrition than villages where palm oil is no longer used.

124. Another example is the high consumption of something as questionable, in nutrition terms, as cola drinks. Lorries loaded with these drinks drive into Thai refugee camps every day, and yet bottled water cannot be obtained there. When it is available, it costs more than the cola drinks.

125. At the same time there are encouraging cases of changes being made to ensure better diets for people at the margin. For example, in Samoan society, pork has always played a major part in ceremonies. Because it was recognised that modern pigs have a high proportion of poor quality fat, farmers have been approached with a request to produce lean pigs.

126. The policy of inducing peasant farmers to change from subsistence to cash crops can be condemned on two grounds. First, as noted above, the people concerned will then need to buy food which is usually not as fresh or nutritious as their own food would be. Second, major fluctuations in world prices for the cash crop, or unseasonable weather, can mean that very little money is earned and hunger, or even starvation, sets in. However, recent research has shown it is possible to combine cash and subsistence crops on the same fields, or in balanced rotation.

127. The difficulty in deciding policy for nutritional matters is that decisions are usually made at a high level, with very little involvement of the communities themselves. Many nutritional issues are complicated by cultural factors. For example, although women are the main producers of subsistence foods in most countries, they are seldom consulted on matters of food policy.

128. In general, nutritional campaigns fail when they focus on don'ts rather than on helping people to move, step by step, from where their diets are now, and educating them on how to make choices. Instead of arguing that some junk food should be eliminated, it may be better to persuade people to broaden the range of food eaten, while also making them aware of how nutritionally deficient the junk food is.

Misleading nutritional beliefs

129. A complicating factor is that, because of the close links between food and the community's culture, people's likes, dislikes and superstitions can have a powerful influence on their food choices. Such likes and dislikes can be damaging. For example, certain peoples regard colostrum (the substance produced by the breasts in the first few days after birth) as dirty, so that the child is deprived of this invaluable means of reinforcing its immune system; other peoples avoid certain protein foods which could be of great value for children's brain development.

130. A University of Malaya study examined many traditional beliefs, showing their influence on nutritional habits. For example, there are certain 'prestige' foods which are expensive, even though they are not more nutritious than much cheaper foods. Sometimes prestige foods may in fact be of very limited value. A typical example is formula milk; many people regard it as of more value than breast milk because it is prestigious.

131. Often these beliefs and habits have no relation to the nutritive value of the food and can deprive children of valuable local sources of nutrition. Again, it is mainly children at the margin who suffer from such beliefs. As people become more educated, they are able to recognise which food habits have a basis in fact and which are rooted in superstition.

132. People who are not at the margin can make informed choices and feed their children in such a way as to develop their brains, strengthen their bodies and ensure their health. In contrast, people at the margin have neither the income to make adequate food choices, nor the understanding of what would be good choices. They simply accept whatever can be purchased with the little money or other resources they might have, or eat what little food they may be able to grow where they live. The key features of a good nutritional environment, namely variety and quality, are unattainable. The damage this causes is not only in the reduced level of development for the

children at the margin. Equally serious is the ill health that results.

133. In a world where people tend to think that health is something which comes from doctors and nurses, it is seldom recognised that the single most important contributor to good health is the quality of nutrition enjoyed by a child or adult. Nothing is more fundamental to good health than this.

134. The situation with regard to breastfeeding is the most critical example of how communities at the margin can be misled and can adopt dietary practices which can have a devastating effect on the health of their children. Formula milk is today widely sold as a substitute for breastfeeding.

135. Because of the difficulty of sterilising bottles and making up the correct mixtures, bottle feeding with formula milk has been correctly described as a world baby killer. Millions of babies have died from diarrhoeal conditions resulting from bottle feeding. Unknown to the parents, the damage is not only in the illness it causes, but also in the delayed development of children who do not receive the nutritional, immunologically protective and emotional benefits of breastfeeding.

136. Why is it that infants in such communities are fed something which is so damaging to their development, so likely to lead to the illness or death of a significant minority of babies at the margin? The reasons for such behaviour are many. Fundamentally, it is caused by lack of control over resources and the inability to choose the best foods. There is a lack of understanding of this basic environmental factor. Advertisements play a very large and questionable role in persuading people to eat certain manufactured foods.

137. Even highly educated people find it hard to judge such advertisements or to make the right choices. For parents at the margin it is very difficult to resist the advertisement hoardings. Despite the lack of money, foods will be bought which satisfy taste but may have very limited nutrients in relation to the price paid.

138. To sum up, the nutritional habits of parents living at the margin are among the most damaging influences on the early development of their children.

Health imperatives

139. For communities at the margin, the health environment reveals the greatest lack of understanding. Health is seen to be related to the presence of doctors, nurses and hospitals. Concepts such as self-care in the field of health are often unknown. Indeed, communities at the margin may still adhere to beliefs about illness which have long been discarded in the mainstream society.

140. In this field the question of control is paramount. Because of the power of medical doctors to save lives in certain conditions, an aura of power has developed so that their decisions on treatments tend to be accepted without question. This is in itself risky, since decisions which do not involve those most concerned may not be the best. More seriously, it creates the impression that health is something deriving from the medical profession rather than being inherent in people. It is particularly difficult to challenge the power of the doctors over people's health, yet this is essential if people are to learn that health is what they do and not, in most cases, what the doctors do.

141. In health systems there is a strong focus on medical factors such as ante-natal check-ups and other health strategies aimed at reducing the high levels of peri-natal mortality in marginal communities. The dominant influence of nutritional factors is less often recognised. There are strong grounds, among communities at the margin in both developing and more developed societies, for diverting a major share of the current ante-natal and birth care expenditure away from professional medical procedures and towards nutritional support for pregnant mothers.

142. At a time when serious questions are being asked in industrialised countries about the wisdom of allowing prone births to continue, more could also be done to discourage the hospitalisation of low-risk births in developing countries. Alternative approaches might include the increased use of trained and funded traditional birth attendants, encouraging upright births as the safest method, with rapid access to hospital care for the small minority of women who are judged at risk in childbirth.

143. The original exclusive focus of community health services on the health of the child has widened considerably in recent decades and today the health of the mother is given more attention. There are other aspects of the mother's own

health, such as the long-term effects of multiple births and close spacing of births on her functioning and lifetime health, which merit further exploration. Effective family planning services need to be provided for her.

144. In line with the Alma Ata declaration of the World Health Organisation, parents and the wider community should be directly involved in planning and implementing those state and other health services which are provided. All too often these services offer a conventional top-down professional model, presenting health processes and health care in ways that reinforce the view that health comes from doctors and other trained professionals. Projects can do much to help parents realise that health is how they live, and not how much access they have to health care. They can also help parents to understand that even activities such as malaria campaigns can be affected as much by community action as by medical strategies.

145. All too often professional behaviours contribute to the low self-esteem of marginal communities. Successful self-help health campaigns have many lessons for current medical orthodoxy. Many communities are sufficiently cohesive to be given charge of health programmes, with medical staff sharing responsibility with the communities rather than dominating them and prescribing what should be done. Governments need to be made aware of communities as a powerful health resource. Communities' potential for dealing with most problems of health care needs to be expressed to policy makers. It should be possible to attract for communities a minimal share of the funding which is normally devoted entirely to formal health systems so that this potential can be better realised.

The knowledge and information environment

146. Although an intangible concept, the knowledge and information environment to which a culture has access enables its members to understand their own situation, to compare with what occurs elsewhere or has occurred in the past, and to open up the wider horizons of science, literature and place in the world. These aspects are closely linked to the provision of education, the role of language, the availability and content of books and the mass media. Children at the margin are less likely to enjoy the benefits of a favourable information environment and are most likely to be denied access to it.

40

147. The further irony and the dilemma for marginal communities such as the Aboriginal people is that if they stay on the fringe they face cultural extinction; if they completely reject their Aboriginality, they will suffer the same fate. However the building up of self-confidence and pride in their cultural identity in recent years has given traditional people the sense of being able to parallel the white managerial and economic skills and at the same time integrate these with traditional Aboriginal culture.

148. The involvement of mainstream populations in such situations is important in several ways. They need to take the responsibility of becoming informed about the culture of the minority group and being willing to participate with that minority group in the distribution of resources. This has been effective in Western Australia. Government-provided welfare monies are paid not to individuals but to the community council which allocates those funds according to community decided needs such as with the daily provision of meals for the children attending school and the laundering of their clothes.

The community's own initiative

149. Young children should be seen as closely linked to their parents and deriving many of their skills from interaction with them. If such children are recognised as part of their own communities, with the communities having some potential for self-development, then the most important initiatives for gaining control over the socio-physical environment will have to come from the communities themselves rather than from outside professionals. The professionals do, of course, have a powerful and valid role in conscientising a community about its situation and the possibility of change. But if they go beyond that, they merely reinforce the community's sense of powerlessness.

150. Perhaps the most important conclusion from this brief review of a number of significant environmental factors in the lives of children at the margin is that meaningful change is unlikely to come about as a result of efforts principally from outside. It is more likely to derive from the work of the community itself, in particular from the parents who have the greatest stake in the future through the children they have borne.

151. The issue of children and families existing in marginal environments and its implications for the education process

emerges strongly throughout the world. The appearance in most nations of new forms of family has added pressure on parents and care givers to ensure that the needs of children are met despite changing roles. These needs include some degree of stability, consistency of relationships and an awareness by parents or care givers of the child's basic requirements for survival, healthy growth and development.

152. The challenge to professional and para-professional services, where these exist, is to rethink strategies as a basis for providing that kind of support to families which will be aligned to cultural and social norms and will also present opportunities for parent and community self-help. The stark alternative is likely to be official neglect for communities identified as problem cases or, at best, ineffective services based on outdated paradigms. Where no professional services are available, community self-help is the only alternative. In this, the vulnerability of young children within fluctuating family and social settings has to be of particular concern, not least in view of the long-term social consequences and costs of allowing vast numbers of the world's children to remain at the margin of mainstream society.

153. In the words of the United Nations Declaration of the Rights of the Child, 'mankind owes to the child the best it has to give'.

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Current Programme	List of major projects supported by the Foundation. Published annually in English.
Newsletter	Published quarterly (January, April, July, October)
Boletín Informativo	A Spanish-language selection of articles from the Newsletter. Published annually in February.
The Work of the Bernard van Leer Foundation (La Labor de la Fundación Bernard van Leer)	Introductory leaflet describing the Foundation. Published May 1987, in English and Spanish.
The Parent as Prime Educator: Changing Patterns of Parenthood	Summary Report and Conclusions of the Fourth Western Hemisphere Seminar held in Lima, Peru, in May 1986. Published September 1986, in English, Spanish and Portuguese.
Early Childhood Care and Education: the Challenge by Walter Barker	The first in a series of Occasional Papers addressing issues of major importance to policy-makers concerned with meeting the educational and developmental needs of disadvantaged children. Published January 1987, in English.
Meeting the Needs of Young Children: Policy Alternatives by Glen Nimnicht and Marta Arango M. with Lydia Hearn	The second Occasional Paper, which outlines several feasible alternatives that can be adopted to improve the coverage of early childhood care and education projects. Published April 1987, in English.

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